NURSING FORUM REPORT

November, 1989

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TABLE OF CONTENTS

EXECUTIVE SUMMARY i

1. INTRODUCTION 1

2. PARTICIPANTS 2

3. PROCESS 5

4. OUTCOMES: ISSUES AND SOLUTIONS.....6

Priority Number One: Quality of Worklife/Job Satisfaction/ Working Conditions 7

Priority Number Two: Quality of Care/Workload.....8

Priority Number Three: Educational Issues.....9

Priority Number Four: Autonomy/Lack of Control.....12

Priority Number Five: Funding Issues 13

Priority Number Six: Management Process 14

Priority Number Seven: Professional Image.....17

Priority Number Eight: Lack of Understanding of Role of Nurse.....18

Priority Number Nine: Shortage/Recruitment of Nurse.....18

Priority Number Ten: Communication Issues 19

5. CONCLUSION 19

APPENDIX 20

EXECUTIVE SUMMARY

The Hospital and Health Services Commission, in cooperation with the P.E.I. Nurses Union and the Association of Nurses, sponsored a one and one half day Forum involving 60 participants from Nursing. The purpose was to discuss, identify, and priorize problems, concerns, and issues in response to the question, "In your opinion, what are the realities facing you as a nurse or the nursing profession as a whole today?"

As a result of the process, the participants identified and priorized ten major concerns. They are listed as follows in order of importance:

Quality of Worklife/Job Satisfaction/Working Conditions
Quality of Care/Workload
Educational Issues
Autonomy/Lack of Control
Funding Issues
Management Process
Professional Image
Lack of Understanding of the Role of the Nurse
Shortage/Recruitment of Nurses
Communication Issues

REPORT ON THE HEALTH FORUM

1. INTRODUCTION

The intent of this report is to provide an overview of the results from the Nursing Forum. The Forum was an opportunity for 60 nurses from varying disciplines and levels of nursing to meet to discuss and priorize their major concerns within health care.

Officials from the Hospital and Health Services Commission have been meeting with the P.E.I. Nurses Union, President and Executive Director, and the Nurses Association of P.E.I., President and Executive Director, over the past two years discussing issues of mutual concern and interest. During these meetings, it became evident that problems and issues within the nursing profession were many but that none of the groups involved could be sure of what nurses themselves saw as priority concerns which needed to be addressed. A decision was made to hold a Nurses Forum where professional nurses could articulate their concerns and determine priority issues for future problem solving.

The Hospital and Health Services Commission, in cooperation with the P.E.I. Nurses Union and the Association of Nurses, sponsored the one and one half day Forum. The Forum was held at Rodd's Mill River Resort in Woodstock on October 13, 1989. The program allowed for both structured group process and informal discussions.

The participants were welcomed to the Forum by the Minister of Health and Social Services, the Honorable Wayne Cheverie. Opening remarks were made by Judy Lougheed, Hospital and Health Services Commission, Donna Murnaghan, P.E.I. Nurses Union, and Lorna Campbell representing the Association of Nurses of P.E.I.

The question "In your opinion, what are the realities facing you as a nurse or the nursing profession as a whole today?" (concerns, issues, or problems) was asked to all participants in the program. Eight groups were established. Each group reflected a mixture of nurses from differing levels, urban and rural, community and institution based. The group composition remained the same throughout the process but meals, breaks, and general meetings afforded the participants an opportunity to meet informally.

This report will highlight the ten major issues identified by the participants and note the solutions proposed to the first seven issues.

2. PARTICIPANTS

The membership lists from the A.N.P.E.I. were used to determine ratios of staff nurses, supervisors, instructors, etc., and invitations were based on actual percentages in each employment category, i.e., 2/3 of the membership in A.N.P.E.I. are staff nurses, therefore 2/3 of those invited to the Forum were staff nurses. The Forum involved nurses throughout the province and from varying disciplines. Included in the cross-section of participants were representatives from hospitals, Public Health,

Home Care, Hospital and Health Services Commission, Civil Service, Nursing Homes, School of Nursing and private agencies and clinics. An effort was made to ensure that both urban and rural areas were equally represented.

A list of Participants and Group Facilitators is included.

NURSES' FORUM

GROUP LISTING

Frank MacAulay

GROUP 1

Lisa Phanoeuf
Linda Albert
Jeanette Millar
Glenda Power
Michelle Doucette
Pat Phillips
Karen Kelly

Jude Driscoll

GROUP 2

Nora Johnston
Lowleen Coles
Ann Neatby
Marilyn MacDonald
Lorraine Duggan
Doreen Wyant

Verna Bruce

GROUP 3

Pam Cousins
Francis Hamilton
Ellen Locke
Kay Lewis
Claire Hickey
Ann Gairns
Ellen Martin

Cecil Villard

GROUP 4

Debra Ramsay
Arlene Rose
Barbara Mecher
Barbara Francoeur
Gloria Walsh
Jean Blanchard

Judy Hill

GROUP 5

Donna MacKinnon
Ellen Cameron
Sandra Gordon
Jean MacPherson
Bev Carr
Theresa Lewis
Dorothy Ellsworth

Terry Nicholson

GROUP 6

Sandra Caseley
Shirley Matheson
Arlene Gallant
Kathy Murphy
Marlene Glover
Phyllis Johnston

Maureen Croken

GROUP 7

Paulette Bassett
Carol Barr
Evelyn Burt
Sue Proffit
Adelle Arsenault
Marcia Clark
Sheila Gallant

Janet Yuill

GROUP 8

Nancy MacDonald
Marilyn Strang
Erna Glydon
Linda Hazlewood
Joanne Hood
Eileen Harris
Marsha Johnson

3. THE PROCESS

The Forum employed an approach called the Nominal Group Process to identify a range of issues and concerns, achieve consensus on priority issues, and to develop possible solutions. The process involved the following steps:

1. Individuals were divided into eight groups, each with an experienced discussion facilitator.

2. Each individual cited all the problems, concerns, and issues of which they were aware.

3. Each group then discussed all the concerns or problems stated by their members. The groups through a voting process established from this list their top ten priority issues.

4. These ten items from each group were then presented to all the representatives.

5. These 80 items (10 from each of the 8 groups) were then amalgamated and condensed into nineteen major issues.

6. Each individual identified and priorized their top ten issues from the list of 19.

7. Eight groups met again and rated these 19 issues so that the top 10 issues for each group could be identified.

8. These top ten issues from each of the groups were brought back to the meeting and rated with issues from other groups. From these ratings the top ten issues for the total Forum were calculated.

10. Next, each group was assigned one issue to problem solve.

11. Each of the discussion groups met again and discussed possible solutions to their assigned issue.

12. Finally, the entire 8 groups met together and each group proposed solutions to their assigned issue.

4. OUTCOMES: ISSUES AND SOLUTIONS

The following section is a brief overview of the top ten issues that were identified by the participants. The issues are listed in order of importance, number one being of highest ranking.

Possible solutions to the top seven problems are also outlined in this section. Time restraints would not allow for discussion of all ten issues.

Throughout this overview, you will note that the same concerns are raised under several of the top ten issues. It was decided that in order to fully comprehend the issue that these should be discussed as they were presented by the participants.

PRIORITY NUMBER ONE

Quality of Worklife/Job Satisfaction/Working Conditions/Work Life Issues

Several issues were presented and discussed under this heading. They included such issues as recognition, salaries, benefits, incentives, scheduling, and the declining quality of care. The significance of this issue was demonstrated in that it was chosen by six of the eight groups as the number one issue in the final priorization from nineteen issues.

Due to the fact that this issue is of such significance and magnitude, two groups were selected to present some solutions to the issues. Some of the recommendations were:

- Review of salary, benefits, and pension
  i.e., **Salary**
  - pay equity
  - charge pay
  - overtime pay
  - scaled to include responsibility, education and experience.

  Benefits
  - unused sick time applied to earlier retirement
  - no limitation in sick time accumulation
  - disability insurance
  - professional development days
  - compensation for accumulated sick time
  - casual staff receive benefits and seniority
  - flexible schedules

Pensions - portability of plan
- better payment plan
- early retirement without loss of pension

- Establishment of support services, i.e., Day Care.

- Paid and specific orientation of staff to units and specialized areas.

- General staff nurse involvement in the development of work schedules. Consistent and predictable schedules with individuals preference for shifts and weekends given consideration.

PRIORITY NUMBER TWO

Quality of Care/Workload

Five of the eight groups identified quality of care/workload as their second priority. Discussions resulted in such areas as staffing, hospital orientation programs, non-nursing functions performed, shortage of qualified staff, and increased need for documentation.

The group that considered this issue proposed several solutions to the many facets of this problem.
The solutions proposed are listed below:

- Longer paid general and more specific specialized orientation to new techniques and equipment.

- Involvement of the family and community in the care of the patient.

- The hiring of appropriate staff for non-nursing duties.

- Development of a clearly defined job description for nurses and support staff.

- G.R.A.S.P. reporting in institutions to identify appropriate nurse/patient ratio.

- Better utilization of part-time and casual staff by improved orientations and specialized training.

- Standardization of hospital forms throughout the Island.

PRIORITY NUMBER THREE
Educational Issues

The third issue of concern that was expressed by all the groups was educational issues. The majority of the discussion groups saw the problem as a lack of accessible continuing and specialized education. Concerns were also expressed about the lack of financial aide and incentives to pursue further education.

The group that addressed this issue organized the solutions into six main categories:

1. General

- increase financial resources available for education.

2. Post Basic Degree

- Accessibility to all nurses - available to outlying areas via correspondence, on-site, teleconferencing or travelling professors.

- Financial aide in the form of bursaries, paid sabbatical or leaves as reimbursement options.

- Work experience should be credited towards degree.

3. Basic Degree

- Involvement of nurses in the development and management of the program

- Should be a Faculty of Nursing

4. Orientation Programs

- Adequate paid compulsory orientation for all nurses (i.e full-time, part-time, and casual)

- The nurse manager should have control over the length and degree of orientation to her unit.

- The orientation should be specific to individual needs and areas of specialization.

- Casual and part-time nurses oriented to specific areas and placed to work in these areas first.

5. Continuing Education

- Professional staff development days

- Institutions to share and collaborate on inservice efforts.

- Flexible and innovative inservice courses.

- Consistent policy as to how and who is chosen to attend these courses.

- Have Audiovisual, books, etc., accessible to staff in unit, i.e., bookmobile.

- Clinical Nurse Specialist or Continuing Education Instructor available as a resource person.

6. Management Development

All managers should be given management training and be required to keep updated in this area on an on-going basis.

PRIORITY NUMBER FOUR

Autonomy and Lack ofControl/Lack of Involvement in Decision Making

The overwhelming response to this issue amongst the group was the feeling of "Powerlessness". The participants felt that there was a lack of recognition and respect for nurse's contribution to the health care system. Other concerns raised are listed as follows:

Autonomy issues - There is a lack of opportunity to try self directed practice. Nurses lack control over the Nurses Act.

Lack of control over our own profession - lack of decentralized decision making and as a result nurses are not consulted in policy decisions. There is too much medical power.

Professionalism - Nurses have difficulty in developing an identity. They lack credibility in the view of the public, other professionals, and amongst themselves. The lack of self determination is viewed by others as a passive, dependent occupation. There is a lack of representation of nurses at higher levels, i.e., Hospital Boards, Health Care Centers, and Government.

Solutions to the problem were varied; decentralized management, increased activity and involvement of nurses in the community and government, and more involvement and input from nurses in the development of decisions affecting their role.

PRIORITY NUMBER FIVE

Funding Issues

Several issues were raised by the groups in discussion under this heading. One concern raised by several of the discussion groups was the issue of funding restraints that had a direct effect on facilities, equipment, staffing, lack of professional and non-professional support staff, community resources, retention of nurses, salaries, and benefits. Concern was also expressed that the general public lacked education in the proper utilization of the health care system. Another issue raised by several groups was that there is a lack of understanding amongst nurses, physicians, and other health professionals, and the general public of how health dollars are spent.

The group that reviewed this issue developed a number of solutions. These are listed below:

- Full assessment of existing medicare system and government spending policies.

- Improved awareness of health professionals on cost of services and supplies.

- Education of public as to better utilization of existing services.

- Development of Utilization Committee to examine costs associated with acute care bed utilization, home and support services.

- Review of the role of support staff.

- Better coordination of health services so that there is less duplication of services and better utilization of existing ones.

- Reorganization of health services so that there is better coordination and less duplication of services provided by each of the seven hospitals.

- "Pay Equity" for nurses.

- Government and public education regarding roles and responsibilities of nurses.

- Physicians should be salaried.

PRIORITY NUMBER SIX
Management Practices

This concern was expressed under several of the other top ten issues. This topic was addressed under 3 main areas of concerns:

Management Philosophy/Practices

- Need for participatory management.
- Lack of support for nurses from physicians and administration.
- Lack of control and input into decision making and scheduling.
- Power struggle between management and nursing.

- Lack of understanding by management of the need for educational opportunities.
- Hiring practices not consistent and sometimes subjective.

Lack of Communication:

- Need for improved communication between management and staff.
- Positive reinforcement.
- Open door policy so that staff does not feel fear in expressing their viewpoint.
- Lack of staff meetings.
- Need to be informed and involved in policy and decision making.
- Lack of concern by management about individual situations.

Evaluations:

- Subjective as opposed to objective.
- Lack of ability to have input into management performance appraisals.

The solutions proposed for this problem are listed as follows:

- Participatory management involving input by nurses into scheduling, procedures, equipment purchase, policy and decision making.

- On-going positive communication - top down and bottom up.

- Increased visibility and involvement in overall administration.

- Active, positive, visible recognition of nursing being the essential core of health care.

- Increased sensitivity to staff needs.

- Fair, consistent hiring practices. Staff should be aware of and involved in the rating scale devised for job determination.

- Mutual performance appraisals - constructive, fair, and objective, an aide to identify strengths and deficits and to set goals.

- Staff participation in appraisal of management.

- Regular consistent staff meetings with staff input into agenda and attendance by higher level management.

- Recognition of the uniqueness of the Head Nurse position.

- Better preparation for management i.e., leadership training, on-going professional development and assertiveness training.

PRIORITY NUMBER SEVEN

Professional Image

Several factors were identified as contributing to this issue. It was recognized by most groups that the result of these factors led to a low self image of nurses. The factors will be listed below under two topic headings:

Public Image

- Lack of public awareness of nurse's roles and responsibilities in health care.
- Lack of support and respect.
- Media portrayal of nursing not accurate.

Nursing Image

- Lack of support of nurses by peers.
- No representation at Civil Service bargaining table.
- Need for higher education.
- Lack of professional attitude and accountability.
- Not active enough in promoting professional image to other health care professionals and public.

PRIORITY NUMBER EIGHT

Lack of Understanding of the Role of the Nurse

Changes in values, technology and society have led to an expanded and unclear role for the nurse. In addition to these changes, nurses accept and perform the roles of absent professionals i.e, Physiotherapist, Occupational Therapist, Dietitians. Nurses themselves fail to be aware of the roles of nurses in other agencies, facilities, communities, and departments.

Participants expressed the need to define the role of the nurse more effectively and to identify this role to government, health care professionals , and the public.

PRIORITY NUMBER NINE

Shortage/Recruitment of Nurses

The groups felt that this issue had a direct effect and was a result of several of the other issues already discussed. Participants expressed concern that not only are we dealing with a general shortage of nurses but also a shortage of specialized nurses. The concern was also raised that we are having difficulty recruiting and retaining nurses.

PRIORITY NUMBER TEN

Communication Issues

The participants identified poor communication at all levels and throughout the health care system. Of particular concern to the majority of the participants was the need for improved communication between management and the general staff nurse. This particular concern was expressed previous to this in the issue Management Practices.

5. CONCLUSION

The Nurses Forum concluded with closing remarks from June Tessier, Department of Health and Social Services and Judy Lougheed, Hospital and Health Services Commission.

The Forum afforded the opportunity for nurses from varying disciplines, backgrounds, levels and rural/urban settings to meet and discuss with each other their concerns for the future of the nurse in the health care system. It has allowed nurses, as a group, to priorize these concerns and to expand their awareness of the total health care picture.

APPENDIX 1

MAJOR ISSUES

The major condensed and amalgamated eighteen issues are listed below:

- Quality of Worklife/Job Satisfaction/Working Conditions/Work Life Issues
- Quality of Care - Workload
- Educational Issues
- Autonomy/Lack of Control
- Funding Issues
- Management Practices
- Professional Image
- Lack of understanding of the role of the nurse
- Shortage of Nurses/Recruitment of Nurses
- Communication
- Lack of Unity in the Profession

- Health Care Delivery System
- Stress Management
- Legal/Ethical Issues
- Increased Technology/Need for Specilization
- Morale Issue
- Shortage of Nurses
- Lack of availability of wellness promotion
- Licensing Issue